## NEW HAMPSHIRE DEPARTMENT OF SAFETY DIVISION OF STATE POLICE

Central Repository for Criminal Records 10 Hazen Drive, Concord, NH 03305

## CRIMINAL RECORDS RELEASE AUTHORIZATION FORM

## **SECTION I**

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

NAMELAST	(MAIDEN)	FIRST	MI
ADDRESS			
STREET	CITY	STATE	ZIP CODE
DATE OF BIRTH	HAIR COLOR	EYE COLOR	
DRIVER LICENSE NUMBER		STATE	
By signing below you are certifying	that you are the individual listed above	e and that the information p	provided is true.
YOUR SIGNATURE:	der penalty of unsworn falsification pursua	DATE	
Signature un			
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	der penatty of anomorn fundamental paroun	II 10 KSA 041:5.	
_		it to RSA 041:5.	
_	SECTION II	it to RSA 041:5.	
IF RECORD IS TO BE		ONE OTHER THAN YOU	TRSELF,
IF RECORD IS TO BE	SECTION II  MAILED OR RECEIVED BY SOME	ONE OTHER THAN YOU MPLETED	RSELF,
IF RECORD IS TO BE hereby authorize the release of SANDRA	SECTION II  MAILED <u>OR</u> RECEIVED BY SOME  ALL OF SECTION II MUST BE CO	ONE OTHER THAN YOU MPLETED the individual: HUMAN SERVICES	RSELF,

NOTARY'S SIGNATURE			_ DATE	
	(Affix Seal)			(Comm. Exp.)
		/DHHS	DATE	
SIGNATURE OF PERSON / FIRM TO RECEI	VE RECORD		_	